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INTEGRATING PLANNING AND TOTAL QUALITY MANAGEMENT -  
STRATEGIC IMPERATIVES FOR THE MILITARY HEALTH SERVICES SYSTEM

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## ABSTRACT

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Health systems are having to change rapidly in today's environment as a result of the turbulent political, social, economic and technological forces. American industries as well as health care systems are reengineering and restructuring to become better organized to confront the future, better positioned to seize opportunities, more capable, effective and efficient. This is further evidenced in the daily news by mergers, joint ventures and other types of consolidations and integrations which are creating a more efficient health care delivery system. These consolidation trends represent high stakes investments which make planning even more critical. These market forces have confronted the Military Health Services System (MHSS) with similar health care delivery and financing issues. As a result, the MHSS is transitioning to managed care (known as TRICARE) in an effort to reduce escalating costs, increase access and improve quality to Department of Defense (DoD) beneficiaries. Planning requires chief executives/leaders to think futuristic as to what is needed and how best to accomplish the mission, objective or purpose of the organization. This is key to survival. The tenets of TQM provide a means for planning to occur in an organization and planning provides the structure or process for implementing TQM. This study analyzes the strategic quality imperatives that are critical to successfully reengineering the MHSS as it transitions to managed care in the wake of downsizing and pressures to privatize peacetime care.

## INTRODUCTION

Health systems are having to change rapidly in today's environment as a result of the turbulent political, social, economic and technological forces. Particularly noteworthy are the increasing pressures of managed care and growing third-party pressures for cost containment to reduce the rising cost of health care services. Although the previous and current administration's attempts to reform health care have failed, the current Republican Revolution to restructure Medicare and Medicaid will dramatically change the delivery and financing of health care in this country. American industries as well as health systems are reengineering and restructuring to become better organized to confront the future, better positioned to seize opportunities, more capable, effective and efficient.<sup>1</sup> This is further evidenced in the daily news by mergers, joint ventures and other types of consolidations and integrations which are creating a more efficient health care delivery system.<sup>2</sup> These consolidation trends represent high stakes investments which make planning even more critical.<sup>3</sup> These market forces have confronted the Military Health Services System (MHSS) with similar health care delivery and financing issues. As a result, the MHSS is transitioning to managed care in an effort to reduce escalating costs, increase access and improve quality to Department of Defense (DoD) beneficiaries.

Organizations that fail to adapt or plan for change will not be effective in their new environment and ultimately may not survive.<sup>4</sup> Successful response to change requires planning usually. Planning requires chief executives/leaders and planners to

think futuristic, not just “here and now,” as to what is needed and how best to accomplish the mission, objective or purpose of the organization. This is key to survival.

Reducing the costs of health care services while improving quality and customer satisfaction pose an even greater challenge to health systems. However, quality is being viewed more and more as a critical factor in providing organizations a competitive advantage over their competitors.<sup>5</sup> According to the author Paul Starr the corporatization of health care in the United States and health care reform have and will continue to redefine how we manage quality.<sup>6</sup> Thus, in an era of declining resources, managed care, capitation and the restructuring of health care --- *How can health systems integrate planning and Total Quality Management (TQM) to achieve their long term quality goals?* The philosophy, principles and tools of TQM provide a means to an end for planning to occur in an organization and planning provides the structure or process for implementing TQM. Successful health systems like their industrial counterparts will use Quality improvement tools and the philosophy and principles of TQM to build upon current strengths, identify opportunities for improvement, as well as plan and implement change.

This paper will define and discuss the concepts/strategic imperatives of planning and TQM, identify several of the most common models and theories of planning and TQM, describe and discuss the author's observations of a TQM initiative in a civilian managed care setting, review and discuss examples of how other health systems are integrating these concepts to achieve their long term quality goals, and discuss the strategic imperatives for the MHSS.

## CHAPTER 2

### CONCEPTS DEFINED

#### *Planning*

“Planning is making current decisions in light of their future effects.”<sup>7</sup> These authors describe a three tiered process of planning required by all systems. **First tier** - Policy Planning establishes the foundation which will direct the other two tiers. **Second tier** - Managerial Planning provides the courses of action to execute policy decisions. **Third Tier** - Technical Planning - is where the “rubber meets the road” or the execution of the system’s policy occurs. Planning provides alternative and potentially more desirable outcomes as opposed to allowing fate to take its course. In essence planning allows organizations to manage their future and respond proactively rather than reactionary in maximizing their effectiveness during turbulent times.<sup>8</sup>

#### *Strategic Planning*

Strategic Planning is defined as having four characteristics:<sup>9</sup>

- (1) Futurity of Current Decision - strategic planning is a process that examines potential courses of future action which establish the foundation for current decisions.
- (2) Process - strategic planning is considered a systematic process which determines in advance the “who”, “what”, “when”, “where”, and “how” planning should occur.
- (3) Philosophy - strategic planning is considered an “attitude, a way of life.” The focus is on the thought process rather than a list of standard operating procedures. Thus, executives must value strategic planning in order to achieve success.

(4) Structure - strategic planning links essential types of plans including long, medium and short term plans. As in routine planning, strategic planning is a formalized process by which an organization develops a mission, devises and implements an action plan to accomplish organizational goals and objectives.

### ***Quality Planning***

Quality planning is the activity of (a) “determining customer needs” and (b) “developing the products and processes required to meet those needs.”<sup>10</sup> Juran provides a structured approach to quality planning with his Quality-Planning Road Map which will be discussed further under models and theories of TQM/Planning in Chapter 3. Establishing concern for customers into all organizational operations is essential in quality planning as well as a driving force in TQM.

### ***Total Quality Management***

Total Quality Management is a “structured, systematic process for creating organizationwide participation in planning and implementing continuous improvements in quality.”<sup>11</sup> Some common features of TQM include: involving customers; linking strategic and improvement objectives to customer requirements; valuing, empowering and involving employees at all levels, and thinking about the organization as a whole, i.e., systems thinking.<sup>12</sup> In Deming’s view, TQM is both a management philosophy (or organizational culture) and a management method that recognizes customer requirements as the key to customer quality.<sup>13</sup> The common denominator throughout the quality literature is the focus on the customer (both internal and external) as the driving force. TQM applies human behavior theory and quantitative methods to improve the quality of

products and services provided to an organization's customers. In recent years, quality has become a strategic imperative for many US organizations as they seek to regain world class competitive capabilities.<sup>14</sup> The Malcolm Baldrige National Quality Award, an annual award to recognize US companies for outstanding quality management and achievement, is now sought after by many organizations in their pursuit of excellence. This push for quality is further evidenced by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) and other accrediting agencies requirement for organizations to demonstrate evidence of their utilization of TQM/CQI principles as a part of their accreditation process.<sup>15</sup>

## CHAPTER 3

### MODELS/THEORIES OF TQM/CQI/PLANNING

#### *Deming*

Deming is probably the best known advocate of TQM and more commonly referred to as a philosopher. Deming was a long time advocate in the US for quality. However, he did not gain much notoriety until after he was invited to Japan to assist representatives from the Japanese industry rebuild their war-ravaged economy after W.W.II. The Japanese were the first to implement Deming's statistical approach to quality. The rest is history as evidenced in the quality literature by Deming's significant contributions to the development of TQM. Over the years Deming's focus became less on TQM tools and techniques and more on TQM as a "culture" or "philosophy of management" that supports shared values and beliefs, the goal of quality for the customer, and encourages the involvement of all employees towards achieving quality goals. According to Deming, quality problems are management controlled rather than worker controlled. Therefore, transformation to TQM must be based on a commitment from the top-down and organizationwide to achieve success.<sup>16</sup> Deming is most noted for his **14-Point Program** or what is referred to as principles or obligations that management must adopt to improve quality:

1. Create constancy of purpose for improvement of product and service.
2. Adopt a new philosophy.
3. Cease dependence on mass inspection.
4. End practice of awarding business on price tag alone.



5. Improve constantly and forever the system of production and service.
6. Institute training.
7. Institute leadership.
8. Drive out fear.
9. Break down barriers between staff areas.
10. Eliminate slogans, exhortations, and targets for the work force.
11. Eliminate numerical quotas.
12. Remove barriers to pride of workmanship.
13. Institute a vigorous program of education and improvement.
14. Take action to accomplish the transformation.<sup>17</sup>

***TQM Tools/Techniques:*** The most common tools of TQM are frequently referred to as the seven old tools: Control Charts, Pareto Charts, Fishbone Diagrams, Run Charts, Histograms, Scatter Diagrams and Flow Charts.<sup>18</sup> Deming's thirteenth point emphasizes the need for all employees to understand the tools and techniques of quality control which are useful in collecting and analyzing data to solve problems and improve quality. Deming and other quality experts caution that the tools alone will not result in TQM. The most basic and general tools are "brainpower and rational thinking."<sup>19</sup> This is reflective in the **Plan-Do-Check-Act (PDCA) cycle** which is most frequently attributed to Deming, but Deming credits it to his mentor Walter Shewart. The PDCA cycle is a rational problem-solving model that can provide strategies for process improvements.

## ***Juran***

Juran is considered a contemporary of Deming. He also gained success in revolutionizing quality in the Japanese industry after W.W.II. According to Juran, quality is “fitness for use” as defined by the customer. Juran is most noted for designing concern for the customer into organizational operations at all levels.<sup>20</sup> Juran’s **Quality Planning Road Map** consists of a series of input-output steps used in developing the products and processes required to meet customer’s needs and include the following:

1. Identify who the customers are.
2. Determine the needs of those customers.
3. Translate those needs into our language.
4. Develop product features that can optimally respond to those needs.
5. Develop a process that is optimally able to produce the product features.
6. Transfer the process to the operating forces.<sup>21</sup>

Juran emphasizes measurement throughout this continuous six-step process to evaluate quality and integrate customer’s needs. Juran agrees with Deming that tools and techniques are useful to facilitate group problem-solving but the real significance is their ability to enhance people working together. In Juran’s view, the three most important items in a quality program are:

1. Top people are in charge.
2. People are trained in how to manage for quality.
3. Quality should improved at an unprecedented, revolutionary pace.<sup>22</sup>

## ***Crosby***

Crosby provides a very different theoretical perspective than Deming or Juran who focus on improving quality and reducing defects. Crosby's focus is on changing the corporate culture and attitudes to eliminate defects. He advocates "doing it right the first time" which is a phrase he popularized in the 1960s when he created the Zero Defect movement at Martin Marietta. Crosby offers a more practical approach to quality that is focused on prevention i.e., "it's okay to fix, but it's better to stay well" which he attributes to his training in medicine. **Crosby's 14 Steps** include the following:

1. Management commitment
2. Quality improvement team
3. Quality measurement
4. Cost of quality evaluation
5. Quality awareness
6. Corrective action
7. Establish an ad hoc committee for the zero defects program
8. Supervisor training
9. Zero defects day
10. Goal setting
11. Error cause removal
12. Recognition of success
13. Quality councils
14. Do it over again.<sup>23</sup>

Although each of the aforementioned quality theorists have their own focus, common themes characterize their perspectives on most of the strategic quality imperatives which are critical in planning and implementing TQM. All agree that the **customer (internal or external) is the driving force**. The core principles of the organization center on meeting the needs of the customer. The key is to develop customer-supplier relationships in order to understand the customer's need so that processes can be designed to meet or exceed those expectations. **Commitment must begin with top management/leaders** and permeate all levels of the organization for transformation to a quality culture to occur. Top management/leaders set the tone and create the environment and/or structure that allows the staff at all levels the freedom to make improvements. Key here is the fact that many persons in an organization have the capacity to contribute to positive outcomes. **Avoidance of inspection-based management** i.e., looking for problems, instead the emphasis is on doing it right the first time or controlling the source of variation in the process. **Formal problem-solving methods and statistical tools are used**. The TQM tools help facilitate process improvement efforts. Although the processes may vary most measure customer needs, inputs and outputs, and the characteristics of the process. There is a reliance on data for decision-making and a number of the aforementioned tools are used to collect and analyze data.

## CHAPTER 4

### INTEGRATING PLANNING/TQM--EXAMPLES IN HEALTH SYSTEMS

#### ***Chartered Health Plan, Inc.:***

With a vision towards excellence in service, business entrepreneur Dr. Robert Bowles, Jr. has guided DC Chartered Health Plan, Inc. (Chartered) from a personal dream of providing affordable health care to low and moderate income patient groups into the reality of a model highly successful inner-city health maintenance organization (HMO).<sup>24</sup>

DC Chartered Health Plan, Inc. is a seven year old, private sector, minority operated, state-approved health maintenance organization with its administrative offices located in Northeast Washington, DC. The Health Plan is comprised of more than 620 participating physicians, 69 affiliated private-practice primary care sites and nine participating local hospitals.

***Mission*** - The purpose of Chartered is to deliver quality health care within a managed care framework. Chartered's objectives are to "improve the health status of its members and to provide broad benefits with little cost sharing." The Health Plan also addresses through services to its members, the public health problems of infant mortality, hypertension and inadequate access to preventative and primary care services.

***Commitment and Philosophy*** - Because of its ongoing pledge to reach into the community with quality health care and innovative programs, Chartered is very different from other HMOs. Chartered maintains an ongoing commitment to:

- \* serve low income and underserved populations, as well as employed

individuals;

- \* improve the health status of its members through prevention and educational initiatives;
- \* provide affordable, quality health care to small-and-medium-sized businesses;
- \* offer health care solutions which are sensitive to minority businesses in the District of Columbia;
- \* provide opportunity for minority employment, business development and enhanced minority association; and
- \* develop grassroots support for good health care practices by distributing its own privately developed public health issues posters that focus on infant mortality, teen pregnancy, hypertension, substance abuse awareness and the survival of the young black male in a violent environment.<sup>25</sup>

Attuned to the dynamic political, economic and social factors impacting the survival of health systems, Dr. Bowles, President and Chief Executive Officer, established an affiliation with PHP Healthcare Corporation in August 1993, to strategically position Chartered on the leading edge of not only providing the solutions that address the needs of urban-centered populations, but which will also increase Chartered's competitiveness for servicing previously underserved populations. This merger is reflective of strategic planning.<sup>26</sup> Dr. Bowles, as a leader, is never satisfied with the "status quo." His personal vision . . . "to empower poor and underserved African-Americans and other minority populations with modern, efficient health care

services and to insure that African-American professionals have significant employment opportunities” is a driving force in his relentless pursuit of excellence and his belief in the value of people. Recognizing quality as a by product of people working together well and that he doesn’t have all the answers, Dr. Bowles hired an outside consultant to assist in transforming the culture of Chartered to one of “Total Quality Management.” This is a departure from traditional leaders who articulate the vision and propose the solutions too. His vision is to create an environment where Chartered employees are more empowered and their potential is maximized to improve the organization’s overall operational efficiency and effectiveness in providing quality services to its customers. Deming recommends hiring a trained consultant to assist management. A consultant does not have the emotional investment that management has; therefore, they can provide a more objective perspective and prevent timely errors. In addition, Deming also recommends training an internal consultant as a change agent/facilitator which the Chartered consultants plan to do.<sup>27</sup>

An initial meeting was held with the consultants on November 16, 1995 to discuss in person the specific details of their written proposal/plan, gain a better understanding of Chartered’s requirements, and devise an action plan. In addition, the consultants wanted to discuss Dr. Bowles’ goals and the following background issues:

- What is the “vision”/ultimate goal?
- Why? What’s new and different?
- What/Who is driving this? Who owns it?
- Who is on the Team?

- Deadlines/timeframes?
- What is budgeting cycle/on-going process? Who's paying?
- Who are clients (internal) and customers (external)?
- Possible challenges, concerns, barriers?
- What do we know already (quality studies, existing research)?
- What's happened so far?<sup>28</sup>

The TQM approach is based upon a long term perspective of an organization. Therefore, devising a well developed plan is essential to ensuring its success. The aforementioned questions facilitated the assessment of the existing environment and culture provided a foundation for quality planning.

Dr. Bowles hired a new Chief Operating Officer (COO) who reported on December 4, 1995. The consultants recommended that the formal planning not take place until on or about mid-January in order to allow the new COO time to get acclimated. This would help facilitate her being a more active participant in the process which supports the TQM philosophy/principle that top management must be committed and provide leadership. However, in the interim, the consultants proposed a "prepping plan" to gradually introduce the TQM plan. The plan was communicated in Chartered's newsletter and a briefing during the monthly off-site meeting of the senior and executive staff. These efforts according to the consultants were an attempt to minimize resistance to TQM which is often viewed by employees as one more requirement being dumped on them by management.<sup>29</sup>



A unique feature of the consultant's proposal included an initial diagnostic assessment (try before you buy option) which Dr. Bowles agreed to undertake. The goals of the diagnostic assessment were to:

- provide a quick evaluation of "where Chartered is today;"
- conduct a management session on quality processes, benefits, pitfalls and outcomes in other leading organizations;
- allow the consultants to target more specifically where they can assist;
- provide Chartered an opportunity to work with the consultants on a short-term, targeted initiative.

This process was projected to last three days with the consultants on-site. Prior to their arrival the consultants reviewed materials about Chartered's current operations and quality processes. Upon arrival, the consultants conducted a series of interviews with a cross-section of Chartered's management and line staff. A training session on quality was conducted with the management team. Deming's thirteenth step emphasizes education as the first step to improving quality.

The consultants proposed an action plan that consisted of the following five steps:

***Step 1: Solidifying the Quality Foundation with Chartered's Leadership***

The consultants plan to educate the Board and Management Team concerning the key principles and elements of a successful quality management strategy. The end result of this step will be a quality improvement plan designed specifically for Chartered.

(Consulting Days on-site. . .4)

### ***Step 2: Assessing Current Activities and Building Recommendations***

The consultants plan to assist Chartered to assess its current strengths and opportunities for quality management from an internal systems, customer and cultural perspective.

This process will include surveys, focus groups, and self-assessment meetings.

(Consulting Days on-site. . .4.5)

### ***Step 3: Successful Quality Improvement Studies and Projects***

The consultants will assist Chartered to choose and conduct projects focused on critical customer, quality and cost issues. These projects will be targeted at demonstrating the value of quality as a tool for performance and to demonstrate to the National Committee for Quality Assurance (NCQA), an accrediting agency for health maintenance organizations (HMO), Chartered's systematic approach to quality which is part of their pending accreditation process. These projects will include physician involvement. The goal is to pass quality team leadership and facilitator skills off to Chartered's staff and to conduct successful, strategic first efforts. The consultants will conduct in-house training for Chartered's team leaders and in-house facilitators/trainers. The consultants have recommended that Chartered purchase the quality materials for future training.

(Consulting Days on-site. . .12)

### ***Step 4: Deploying Quality Throughout the Plan***

The consultants will help deploy quality philosophy and tools throughout the organization. In order for quality to make a difference in an organization, it is necessary for the "quality mindset" to permeate the system. The consultants have identified the following steps as key to deploying quality:

- \* Helping staff and managers understand their role in leading and implementing quality initiatives;
- \* Training managers and physicians on quality concepts and tools;
- \* Developing an orientation for all staff led by Chartered's managers;
- \* Designing an ongoing mechanism for selecting, reporting, recognizing and achieving performance improvements on an ongoing basis;
- \* Linking quality efforts to key strategic objectives/accountability systems; and
- \* Role modeling quality management at all levels.<sup>30</sup>

(Consulting Days on-site. . .6)

***Step 5: Monitoring On-going Progress and Planning (Optional Services)***

The consultants propose this phase as optional but necessary to measure and monitor Chartered's progress towards consistently improving their performance. The consultant's will visit Chartered four times during the 12 months following the completion of the above steps to assess and help plan for future improvements.

(Consulting Days on-site. . .4)

***Participant/Observer's Perspective:***

This author served as a liaison between Dr. Bowles and the TQM consultants and participant/observer in the initial assessment and Step 1. Witnessing the transformation at Chartered has been a tremendous learning experience in integrating planning and TQM. Transforming an organization's culture to TQM is a monumental undertaking filled with many risks but great rewards if successfully accomplished. The process at Chartered is

evolving and the final verdict won't be rendered for some time because implementing TQM is a lengthy process which can take years to effect.

The initial TQM assessment was conducted on February 1-2, 1996. Upon completion of their interviews, the consultants provided the senior and executive staff a debriefing on their overall findings which included: an assessment of key strengths and assets of the plan, key opportunities for improvement and next steps. Key findings clearly indicated that the vision message had been heard at the executive and senior staff levels. However, there was less clarity and consensus about "what exactly does the vision message mean on a day-to-day basis?" The consultants emphasized strongly that people were not disagreeing with the vision but were questioning "how to make the necessary changes as the organization moves forward while continuing the daily business operation?" These questions and issues are commonly asked in organizations that are going through change. It is a part of a healthy change process. The real issue is not, "why are people questioning how to make it happen," but rather, "is the organization prepared to find a common approach to ensure that it **does** happen?"<sup>31</sup> The TQM process can serve as the vehicle or tool to help make change happen in organizations that are sure about what they want to be, but aren't as sure about the exact path to get there. The consultants illustrated this by sharing success stories of the 1995 Malcolm Baldrige National Quality Awards winners - Armstrong Building Products Organization (BPO) and Corning's Telecommunications Products Division. Both businesses used the Baldrige criteria as a template in shifting their business paradigms which they proclaimed as an integral part of their success. Armstrong BPO's President, Henry Bradshaw

described their organization as, "a company that has had a very strong reputation and share, but one that needed a culture change to reach the next level. . ." These success stories provided Chartered with examples of organizations that have and are making the transition to TQM. A site visit to Armstrong is planned for the executive staff which will facilitate their educational learning process.

Several key strengths and assets were identified to include (but not limited to):

- \* Strong executive and senior staff commitment to the Plan;
- \* High levels of current customer satisfaction (external customers);
- \* Service was seen as a priority and demands were high;
- \* Consistent measures of service were in place;
- \* Strong efforts were made to solve individual customer problems;
- \* Apparent positive image of the Plan in the community.

One of the most significant strengths was the support and commitment from top management who's role will be critical in planning, organizing and leading the transition to TQM. Utilizing the TQM philosophy, principles and tools can assist Chartered to build upon these strengths, identify opportunities for improvement, plan and implement change.

***Step 1 Solidifying the Quality Foundation with Chartered's Leadership*** - this phase of the TQM strategic plan was conducted on March 23-24. The process was facilitated off-site at a local conference center over a two day period. The major goals included:

- 1) enhance team building among the senior and executive staff;
- 2) review and revise Chartered's vision statement;
- 3) discuss key management tools for quality management;
- 4) identify organizational measures of success and how to use them to implement positive change.

The enthusiasm and active participation by all participants were overwhelming throughout the process. There was an obvious sense of accomplishment, optimism and great anticipation upon completing the revised vision statement. There was a sense of new direction and pride expressed by the participants. Their active involvement will be critical to ensuring success. The second part of Step 1 has been scheduled for mid-May. The primary focus will be to continue the education process and utilize the revised vision statement to devise a quality plan. This phase is providing the Chartered staff with essential skills, materials, management support and leadership - which according to Deming are all the things that allow people to do well. In addition, these skills will help to empower the staff as long as they are given the authority to make decisions, follow through and get things done. However, this will test the organization's commitment to TQM, because the very nature of TQM will challenge traditional management paradigms where middle managers have usually controlled all aspects of the business. Only the leadership from the CEO and top executives can create a culture that instills and supports TQM actions on the part of lower-level employees.

The outside consultants can not install TQM or provide a quick fix at Chartered. The consultants' role is primarily one of facilitator, trainer, coach, and mentor in the

process. The employees at all levels must be involved otherwise there is no way to improve the overall business processes. Failure to implement TQM often occurs as result of the methodology and not the philosophy.<sup>32</sup> Staff reaction to failure can disillusion them against any future TQM initiatives. Thus, monitoring and evaluating the consultants efforts will be important in measuring progress towards TQM and ensuring the appropriate methodology is adapted for Chartered.

### ***Hospital Leaders Discuss QI Implementation Issues:***

In August 1991, the Joint Commission conducted a roundtable discussion with leaders from six hospitals that were implementing quality improvement (QI). The hospitals included the following: Parkview Episcopal Medical Center, Pueblo, Colorado, USAF Medical Center, Wright Patterson, Dayton, Ohio, Memorial Hospital and Health System, South Bend, Indiana, Magic Valley Regional Medical Center, Twin Falls Idaho, Bethesda Hospital, Inc, Cincinnati, Ohio, Strong Memorial Hospital at the University of Rochester, Rochester, New York. These hospitals were involved in QI for at least four years; progressing successfully in their transition, and demonstrated diversity of transition strategies. The following will highlight the key points under the seven discussion topics.<sup>33</sup>

#### ***Leadership***

The six participants identified the following characteristics as key for chief executives/leaders in TQM organizations:

- \* Ability to articulate and promote QI vision - most important;
- \* Good communicator;
- \* Posses teaching/learning skills
- \* Restlessness with the status quo;
- \* Capacity to tolerate change/chaos
- \* High energy, persistence and patience to endure the time required to implement TQM;
- \* Committed to TQM philosophy/principles and the ability to transfer that



commitment to others;

\* Leadership without fear and intimidation.

The role of a TQM leader is that of a mentor, coach and teacher. The TQM leader is facilitator of a participatory process which values the employees or internal customers who are closest to the process to develop solutions to improve quality. The focus is on transforming the whole organization to meet the needs of customers both internally and externally.<sup>34</sup>

### ***Implementing QI-the Rollout:***

The six participants pose the question . . . "Is QI just another project that senior management delegates or is this a philosophy of organizational management, a management theory?" The project option or "quick fix solution" does not work because TQM represents a fundamental change in how an organization operates. The Chartered consultants indicated that in order for Quality to make a difference in an organization, it is necessary for the "Quality mindset" to permeate the system. Implementation must begin with a commitment from the top executive(s) and followed by education about TQM which is critical before transformation can occur successfully. Most of the six participants indicated that their hospitals should have spent more time initially in planning what were the steps to get from here to there to minimize confusion. Planning and training must be linked to keep people focused on strategic goals. Implementation is a lengthy process and many quality experts estimate that success may not occur until on or about three to six years into the process. Determining what customers want was described as the most challenging undertaking.

### ***Barriers/Resistance:***

The six participants acknowledged that their thinking about quality had been transformed to focusing more on processes rather than people, thus, eliminating blame which they described as the most fundamental barrier. According to Deming driving out fear and blame is the heart of TQM. Other barriers identified include:

- \* Middle managers' fear of losing control;
- \* Perception of TQM as an additional time consuming requirement;
- \* Perception of TQM tools as barriers because of the time it takes to learn;
- \* Lack of a plan;
- \* Lack of a coach;
- \* Looking for a quick fix - unwilling to go the distance to affect TQM.

### ***Medical Staff Involvement:***

All six participants agreed that physicians are key players and must be involved from the beginning even though most of these leaders acknowledged that initially there was a lack of physician involvement at their respective facilities. The extent of physician involvement will vary but the success will depend largely on demonstrating how TQM will enhance their practice. Utilizing TQM tools to provide credible data and a blame free environment that analyzes work processes to determine why variations exist can serve as catalysts for increased physician participation.

### ***Cultural Change:***

The six participants identified critical enabling factors to promoting cultural changes. First, they indicated that an organization must understand the concept of the

internal customer and that their needs must be met as well as meeting the needs of patients who are often considered in health systems as the most important customers. Second, creating an environment that focuses not only on improving processes but on employing innovation and empowering employees through shared governance and self-managed work groups. Key to measuring progress is whether or not management's behavior is congruent with TQM philosophy and principles. This is a critical process to observe to determine progress.

***Institutionalizing QI:***

The six participants discussed concerns regarding the impact on transformation to TQM culture if the chief executive/leader changes. The participants expressed the need for the governing board to be involved from the beginning in TQM training and education to ensure continuity during such a transition. In addition, they recommended a significant and influential person in the organization be trained and designated to facilitate progress towards TQM during this transition.

***External Environment:***

The last topic for discussion focused on identifying external influencers. Most of the participants indicated the economic factor, more specifically the payment system, as the greatest influencer. This is evident in the current political push to restructure Medicare/Medicaid which will impact significantly on hospitals since a large portion of their funds are derived from these sources. The Joint Commission requirement for health systems to demonstrate continuous quality improvement was listed as the second greatest external influencer for hospitals to practice TQM. Lastly, the participants expressed their

encouragement that the Joint Commission is working on a survey that is more consistent with TQM and the potential impact this may have on bringing together other external agencies i.e., regulators and accreditors to work together in improving the quality of patient care. Clearly this requirement to demonstrate CQI will provide the impetus for health systems seeking accreditation to consider adopting an organizational culture that incorporates the philosophy and principles of TQM.

## CHAPTER 5

### STRATEGIC IMPERATIVES FOR THE MILITARY HEALTH SERVICES SYSTEM

The mission of the MHSS is to provide medical services support to the armed forces during military operations and to provide continuous medical services to members of the armed forces, their family members and other entitled Department of Defense (DoD) beneficiaries. The DoD began its transition to managed care, known as TRICARE, on October 1, 1993 in response to Congressional mandate to maintain access to quality care while reducing the costs and utilization of resources. Managed care is a comprehensive system of health care delivery that attempts to manage the cost, quality and access of care.<sup>35</sup> The goal of TRICARE is to ensure access to a world class health care system, control costs and respond to changing national and military health care priorities. This is accomplished by consolidating the health care delivery systems of each of the military services, and the Civilian Health and Medical Program (CHAMPUS) to better serve DoD beneficiaries and to maximize effective utilization of resources. Critics question whether this goes far enough to optimize efficiency and control cost. Thus, they suggest that DoD create one health service system (a Defense Health Agency) rather than maintain three separate service (Army, Navy and Air Force) health care systems. Others advocate privatizing peacetime care. This discussion is becoming more prevalent with the fiscal realities of the post Cold War era and Congressional push to balance the budget, reduce federal health care spending and reduce the deficit by 2002. However, military opposition to this notion questions the impact of privatization on readiness,

recruitment and retention. The services' parochialism and adherence to traditional roles create barriers to serious consideration of a Defense Health Agency.

The MHSS have been divided into 12 TRICARE regions. Each region has a designated Lead Agent, who is a medical center commander, tasked with the responsibilities for health care management throughout the region. The Lead Agent works in collaboration with the other regional military treatment facility commanders to ensure TRICARE provides care to eligible beneficiaries. TRICARE is being implemented on a rolling or "phased-in" basis throughout the US (except Alaska where current CHAMPUS policies will remain in place). Nation-wide implementation is anticipated by the end of 1997.<sup>36</sup>

Transitioning to managed care is a major operational paradigm shift in health care delivery for the MHSS as well as for the public and private sectors. However, the civilian health care systems have had more years of experience in managed care than DoD. Thus, lessons learned from the civilian health care systems, who have adapted competitive strategies/models from the business community, can provide imperatives for the MHSS in its efforts to improve quality and business practices. In addition, DoD must also capture lessons learned from TRICARE implementation in Region VI and XI.

There are many strategies/models for improving health care which can be tailored to meet specific needs of an organization. Whatever strategy/model is selected, however, some strategic imperatives are necessary to ensure success. These strategic imperatives are best represented by the Malcolm Baldrige National Quality Award (MBNQA) criteria which include:

- \* leadership,
- \* customer-driven quality,
- \* continuous improvement,
- \* action based on facts, data and analysis.

Many organizations have utilized the MBNQA criteria, which is based on the tenets of TQM, in their strategic planning process to integrate quality and business practices.<sup>37</sup> The MBNQA criteria serves as a useful self-assessment tool which measures an organization's current quality level and improvement over time. Most, as previously indicated by the 1995 MBNQA winners, attribute the adoption of these criteria as a critical success factor. Essential to their success was a change in their planning process so that operational requirements were prioritized to improve business excellence and meet the MBNQA criteria.

***Leadership:***

The concept of leadership is significant in the literature on TQM. The best strategic plan or TQM initiative will not succeed without the support and involvement of senior executives. The MBNQA criteria examines the senior executives' "leadership and involvement in creating and sustaining a customer focus, and a leadership system that promotes performance excellence."<sup>38</sup>

DoD Health Affairs (HA) has provided policy guidelines for health care reform in the MHSS.<sup>39</sup> This policy clearly articulates the mission of the MHSS, TRICARE program goals and guiding principles. Inherent throughout the policy guidelines are references to improving the quality and efficiency of the health care delivery system (in

addition to lowering cost and increasing access) in order to maximize value added to eligible beneficiaries. The Lead Agents are encouraged to use the tenets of Total Quality Leadership (TQL), which is synonymous with TQM, and strategic planning to enhance TRICARE and the entire MHSS as they assume responsibility for managing care in their respective regions. It is evident from the policy guidelines that HA recognizes the value of integrating TQM and strategic planning. The transition to managed care is in its earliest stages however, the vision, mission, goals and values have been established by the top leadership. Now, the real challenge is occurring as Lead Agents and medical treatment facility commanders collaborate with others to operationalize the vision, mission, goals and values. Some within the MHSS, like the Chartered employees, may have questions about how to make the necessary changes as the organization moves forward while continuing the day-to-day business operations. However, the greater question, as with Chartered, is whether or not the organization is prepared to find a common approach to ensure it does happen.

#### ***Customer-Driven Quality:***

The customer-driven quality is the core principle of the MBNQA criteria as well as the recurring theme in the literature on quality. The MBNQA criteria examines the organization's "systems for customer learning and for building and maintaining customer relationships."<sup>40</sup> The focus in customer-driven quality is putting the customer first in today's quality process by addressing current and future requirements, listening to customers, gathering and using customer related information, managing relationships and commitments to customers, and determining satisfaction.



These processes will be critical for the MHSS in educating its customers (beneficiaries, providers, suppliers, etc.) about TRICARE. The transition to managed care is a revolutionary change in the future of the MHSS which has generated concern among every beneficiary category and other stakeholders too. Informal polling of DoD beneficiaries (customers) of all categories regarding their knowledge and understanding of TRICARE is met with mixed responses. Most express concern and anxiety that future military medical care may not be available. Others simply do not understand the TRICARE program of managed care to include the benefit structures, options, co-payments and/or the nomenclature. Retirees express concern that the historic promise of lifetime health care has been breached since they are not eligible for care under CHAMPUS or TRICARE except on a space available basis only. The downsizing and reduction in force have resulted in base closures as well as the loss of medical treatment facilities (MTF) and medical personnel (military and civilian) which will further impact the availability and access to care for retirees. Care provided to Medicare eligible beneficiaries is not reimbursed to the DoD. This fact will more than likely impact the capabilities of space available care in the future too.

Clearly, we have provided less than satisfactory education to our beneficiaries to allay their anxieties and fears of a changing system. Historically, our customers have been socialized in an illness based model of health care delivery with care mostly on demand. Now we are moving towards a model that emphasizes wellness, prevention of disease or illness and personal responsibility for healthier lifestyles to improve health status but more importantly to control costs in an era of declining resources. Educational

efforts targeted to customers will have to address: What is the TRICARE system? Why TRICARE? Terminology, Options (Prime, Extra and Standard), Advantages and Disadvantages, and the question that is always the bottom-line. . . What is the impact on medical readiness? These and other questions and/or concerns must be addressed to allay anxiety, increase understanding, facilitate appropriate utilization and empower customers as active participants.

***Continuous Process Improvement:***

The concept of continuous process improvement is an essential requirement in the TQM process in order to respond to rapidly changing technology and market forces. The focus is on prevention and seeking opportunities for improvement rather than fixing things that are broken. The MBNQA criteria examines "how key processes are designed, effectively managed, and improved to achieve higher performance."<sup>41</sup>

The transition to managed care, although precipitated by Congressional mandate, is illustrative of DoD (HA) commitment to continuously improve the MHSS. TRICARE has the potential to provide better quality and access to care, lower cost of care and maintain and support military medical readiness. However, significant issues must be addressed to enhance process improvement. First, the current contracting process, to obtain managed care support contracts, is grossly complex and cumbersome. This process must be simplified to make the requests for proposals and subsequent contracts more understandable to the offerors and the government. The recent protests of the Hawaii, California and Texas awards are indicative of the difficulties and high stakes involved in awarding large health care service contracts. Second, the numerous levels of

bureaucracy in the MHSS seem duplicative and inefficient particularly in the Army. For example, prior to the implementation of TRICARE /Lead Agents, the Army Medical Department decentralized its Health Services Command and created regional Health Service Support Areas (HSSA) which provided the template for TRICARE. Now there are overlapping HSSAs and Lead Agents with missions that could presumably be consolidated to maximize operational efficiency.

The DoD policy provides non-prescriptive guidance which allows the Lead Agents maximum flexibility in planning/executing strategies to meet the customers' needs within their region. This could help to empower commanders as they have greater freedom to make decisions and hopefully encourage them to empower all levels of their employees to make decisions that will improve the organization. Skills training will be needed as employees and teams are allowed to assume more responsibilities to ensure their knowledge of TQM/CQI philosophy, principles and tools.

***Actions Based on Facts, Data/Analysis:***

The concept of data driven decision-making is significant in the TQM/CQI process. The focus is on using data to confirm the existence of problems, identify opportunities for improvement, and evaluate the effectiveness of a process improvement. This is accomplished by observing process performance over time and studying the variation in product and/or service characteristics. Upon collection of adequate data, the process for improvement is defined and improvement efforts are initiated. The MBNQA criteria examines "the management and effectiveness of the use of data and information to support customer-driven performance excellence and marketplace success."<sup>42</sup>

Data analysis will be critical to Lead Agents as they assume responsibility for oversight of health care provided by contracted civilian medical providers who supplement (not replace or duplicate) what care military treatment facilities (MTF) can not provide. The Lead Agents along with the MTF commanders will have the responsibility to know what the value of their health care dollar is purchasing and how to hold managed care support contractors "accountable" for their performance. We must be diligent in assuming this responsibility and not delegate this solely to the contractor. The speed with which we must implement contracts may significantly effect the Lead Agents' ability to modify the basic contract approach. Implementing TRICARE by 1997 is very ambitious but may be insufficient in allowing Lead Agents time to observe the overall cost effectiveness and contract approach in other regions to capture lessons learned.

Utilization and quality management programs must ensure systems are in place to monitor, measure, evaluate and ensure that beneficiaries are receiving necessary and appropriate care for their clinical needs and to improve their overall health status and outcomes. Another major concern is the incomplete fielding of the Composite Health Care Computer System (CHCS) with the managed care program module interface which is critical to interoperability issues. This interface allows the link intra region and inter region. We can anticipate costly retrofits in the future if we proceed without this interface.

Ensuring quality is a tremendous challenge. However, measuring quality of care indicators will establish the MHSS as a credible player in the managed care quality arena, highlight areas of excellence, and identify targets for future study.

The successful implementation of TRICARE is critical to the survival and economic viability of the MHSS. The costs of TRICARE have not been determined and its future is uncertain. Congressional mandates and aggressive timelines which are often non-supportive of creating a TQM culture will continue to pose unique challenges that will require radical thinking of the leadership in the MHSS. There are no magic formulas for success and many controversial but strategic issues still must be addressed and resolved. However, integrating planning and TQM has been successful in the business industry and is gaining success more and more in the health care systems as evidenced by the six JCAHO hospitals and others in the literature. The use of a framework containing the strategic imperatives will help leaders and other members in the MHSS adapt more easily to the market forces precipitating change, achieve their quality goals and enhance their survival.

## CHAPTER 6

### SUMMARY AND CONCLUSIONS

Formalized planning and the integration of TQM/Planning can assist organizations in achieving their quality goals as evidenced by the initiatives at Chartered and the six JCAHO hospitals and others. Dr. Bowles and the hospital leaders in the JCAHO roundtable discussions started their TQM/CQI transformation with a plan. Their plans articulated their organization's philosophy, mission, structure and vision. An environmental assessment (both internal and external) was made in visioning the future environment. Goals were established. TQM/CQI strategies were selected to create an environment that establishes the goal of quality for the customer, and encourages the involvement of all employees toward achieving quality goals. These strategies are and will be evaluated continuously to measure and monitor progress. These activities comprise the essential elements of strategic planning. However, the major difference from traditional strategic planning is that strategic planning using TQM philosophy and principles is more qualitative than quantitative, and human resource focused.

Organizations differ thus, no one plan or type of planning may be applicable to all organizations. Each organization will have to make that assessment and link their strategic and quality improvement objectives. The goal here is to make it relevant to the day to day line and staff levels who often will present the greatest resistance to change. The transformation to a TQM culture is not an easy undertaking and often fails because executives/leaders lack the commitment to go the distance, which some experts estimate can take up to six years or longer. Improving quality is dependent upon the

executives'/leaders' commitment to creating an environment that is conducive to understanding quality and accepting responsibility for improving it. Integrating the tools of planning and TQM philosophy/principles can facilitate improvement and innovation in organizations pursuing TQM as well as enhance their future survival.<sup>43</sup>

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